## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

5028.1003

|                                                                                       |                                                | CLAIMS AS                                                       | S FILED -<br>(Column | (Column 2)                     |                     | -                | SMALL ENTITY TYPE |                     | OR                     | OTHER THAN<br>OR SMALL ENTITY |                       |                        |
|---------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------|----------------------|--------------------------------|---------------------|------------------|-------------------|---------------------|------------------------|-------------------------------|-----------------------|------------------------|
| TC                                                                                    | TAL CLAIMS                                     |                                                                 | 20                   |                                |                     |                  |                   | RATE                | FEE                    |                               | RATE                  | FEE                    |
|                                                                                       |                                                |                                                                 |                      | FILED                          | NUMB                | ER EXTRA         |                   | BASIC FEE           | 385.00                 | OR                            | BASIC FEE             | 770.00                 |
| ТО                                                                                    | TAL CHARGEA                                    | BLE CLAIMS                                                      | 20 minus 20=         |                                | *                   |                  |                   | X\$ 9=              |                        | OR                            | X\$18=                |                        |
| INDEPENDENT CLAIMS 4 minus 3                                                          |                                                |                                                                 |                      |                                | * /                 |                  |                   | X43=                |                        | OR                            | X86=                  | 86                     |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                |                                                                 |                      |                                |                     |                  |                   | +145=               |                        | OR                            | +290=                 |                        |
| * If the difference in column 1 is less than zero, enter                              |                                                |                                                                 |                      |                                |                     | olumn 2          | Į                 | TOTAL               |                        | OR                            | TOTAL                 | 856                    |
| CLAIMS AS AMENDED - PART II                                                           |                                                |                                                                 |                      |                                |                     |                  |                   | '                   |                        |                               | OTHER                 |                        |
|                                                                                       |                                                | (Column 1)                                                      |                      | (Colun                         | nn 2)               | (Column 3)       |                   | SMALL E             | NTITY                  | OR.                           | SMALL                 | ENTITY                 |
| AMENDMENT A                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                      | HIGH<br>NUME<br>PREVIC<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                  | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | *                                                               | Minus                | **                             |                     | =                |                   | X\$ 9=              |                        | OR                            | X\$18=                |                        |
|                                                                                       | Independent                                    | *                                                               | Minus                | ***                            |                     | =                |                   | X43=                |                        | OR                            | X86=                  |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |                                                                 |                      |                                | CLAIM               |                  | ا<br>ا            | +145=               |                        | OR                            | +290=                 |                        |
|                                                                                       |                                                |                                                                 |                      |                                |                     |                  |                   | TOTAL               |                        |                               | TOTAL<br>ADDIT. FEE   |                        |
|                                                                                       |                                                | (Column 1)                                                      |                      | (Colur                         | nn 2)               | (Column 3)       |                   | ADDIT. FEE          |                        | ı                             | ADDIT: 1 EE1          |                        |
| AMENDMENT B                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                      | HIGH<br>NUM<br>PREVIO<br>PAID  | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                  | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | *                                                               | Minus                | **                             |                     | =                |                   | X\$ 9=              |                        | OR                            | X\$18=                |                        |
|                                                                                       | Independent                                    | *                                                               | Minus                | ***                            |                     | =                | ] [               | X43=                |                        | OR                            | X86=                  |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                 |                      |                                |                     |                  | ] [               | +145=               |                        | OR                            | +290=                 |                        |
| ·                                                                                     |                                                |                                                                 |                      |                                |                     |                  | L                 | TOTAL<br>ADDIT, FEE |                        | OR                            | TOTAL<br>ADDIT. FEE   |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                                                |                                                                 |                      |                                |                     |                  |                   |                     |                        |                               |                       |                        |
| AMENDMENT C                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                      | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                  | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | *                                                               | Minus                | **                             |                     | =                |                   | X\$ 9=              |                        | OR                            | X\$18=                |                        |
|                                                                                       | Independent                                    | *                                                               | Minus                | ***                            | - 0                 | =                |                   | X43=                |                        | OR                            | X86=                  |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                 |                      |                                |                     |                  |                   | +145=               |                        | OR                            | +290=                 |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                |                                                                 |                      |                                |                     |                  |                   |                     |                        | OR                            | TOTAL                 |                        |
| ***                                                                                   | If the "Highest Nu                             | mber Previously Pa<br>mber Previously Pa<br>nber Previously Pai | aid For" IN THI      | S SPACE i                      | is less tha         | in 3, enter "3." | ,                 | ADDIT. FEE          | oropriate box          |                               | ADDIT. FEE<br>lumn 1. |                        |